

## **"An Absolute Dictator": RFK Jr. on Dr. Anthony Fauci, "deadly" vaccines, and other conspiracies – all annotated with fact checks by NewsGuard**

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encountered in his career as an environmental lawyer, Kennedy has fashioned himself a crusader against Big Pharma and the government health apparatus that he says props it up.

For example, he made the unsubstantiated claim that Anthony Fauci, the director of the NIH, and essentially every other government medical bureaucrat are all on the take — advancing ineffective, dangerous vaccines to make a profit.

NewsGuard's interview has been edited for length and clarity. Read the transcript below, annotated in italics in footnote form with fact checks debunking the dozens of arguments Kennedy employed to bolster his false claim that Pfizer and Moderna's COVID-19 vaccines are dangerous.

### **NewsGuard (NG):**

Now that the vaccine is out there and has been taken by tens of millions of people, what's your assessment of it?

### **RFK Jr.:**

It's really hard to say. The Moderna vaccine [is] probably the more reactogenic of the two. And I would say that it's at the indicia from the clinical trial, and from what we've seen on the ground, are that it is extremely reactogenic <sup>(1)</sup>.

*(1) Reactogenicity refers to reactions that occur soon after vaccination, representing "a physical manifestation of the inflammatory response to vaccination," according to a September 2019 [article](#) in the journal NPJ Vaccines. "A reactogenic vaccine is not the same thing as an unsafe vaccine," Saad Omer, a vaccinologist and the director of the Yale Institute for Global Health, told The Atlantic in a December 2020 [article](#).*

*The U.S. Centers for Disease Control and Prevention stated on its website that the immediate side effects from the Moderna COVID-19 vaccine "were common but were mostly mild to moderate "*

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(2) *No one died as a result of receiving the Moderna or Pfizer COVID-19 vaccine in any stage of clinical trials.*

(3) *The Phase 1 [trial](#) for Moderna's vaccine involved testing different dosages of the vaccine on 45 participants to test the safety of each dose and find out what immune response is produced.*

*All 15 patients who received the 100-microgram dose — the amount used in later trials and now being distributed to the public — reported mild to moderate pain at the injection site after their second dose, which is what Kennedy refers to as a "100 percent injury rate." One participant out of the 15 (which would be 6.7 percent of the participants in this dosage group) did report what the trial called a "severe injury," which was explained in the trial's supplementary appendix as a patch of redness on their skin greater than 10 centimeters.*

*In the much larger Phase 3 trial, where 15,000 participants received Moderna's COVID-19 vaccine, 82 people (0.5 percent) reported a serious adverse event following vaccination. Only [three](#) of the serious adverse events were considered by the U.S. Food and Drug Administration to be related to the vaccine: one case of nausea and vomiting and two cases of facial swelling.*

(4) *The high-dose group in the trial received 250 micrograms of the Moderna COVID-19 vaccine. Kennedy's "21 percent injury rate" statistic comes from 3 out of the 14 participants in that group reporting severe reactions, two of which trial investigators found to be related to the vaccine: syncope (loss of consciousness due to low blood pressure) and lightheadedness. "Because of these reactions, Moderna did not move forward with this dose," William Moss, executive director of the International Vaccine Access Center at Johns Hopkins University, told Agence France-Presse in a January 2021 [article](#).*

*However, Kennedy's statement that 1 in 5 people were "gravely injured" in this dosage group is an exaggeration, as only three people reported severe reactions. One of those three participants, a 29-year-old volunteer named Ian Haydon, told [STAT](#) that he did go to an urgent care facility after experiencing chills, fever, nausea, and muscle pain following his second shot, but said he felt better within a few days.*

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*defined as Grade 4 by the FDA, and no Grade 4 injuries were reported in Moderna's Phase 1 trial.*

## NG:

Where can you go to find that data?

## RFK Jr.:

Just look up the phase one trial data.

And the problem is, you can never get FDA approval for a product like that. But Moderna is too big to fail. It has friends in high places. The other problem with Moderna vaccine: There's no evidence that it prevents death <sup>(6)</sup>. That's really a tough argument for efficacy. There's no evidence that it prevents transmission <sup>(7)</sup>. If it doesn't prevent death — that was the original endpoint for the study. It changed the endpoints <sup>(8)</sup>. Who cares if the vaccine prevents mild symptoms? Nobody cares about that. You don't want to take a vaccine if it's going to prevent mild symptoms. You take a vaccine because you don't want it to be transmitted. You don't want to be spreading the disease, number one, and number two, you don't want to die from it.

*(6) While the primary endpoint of the Moderna COVID-19 vaccine's [Phase 3 trial](#) was whether it prevented symptomatic COVID-19 cases, the trial results did include an analysis of whether the vaccine prevented severe COVID-19 cases, which included hospitalization in an intensive care unit or death. "Severe COVID-19 occurred in 30 participants, with one fatality; all 30 were in the placebo group," the study reported.*

*At an October 2020 [meeting](#) on the FDA's vaccine advisory committee, Dr. Phillip Krause, deputy director of the FDA's Office of Vaccines Research and Review, said concerns about the COVID-19 vaccines preventing only mild, but not severe, disease, were unfounded. "There simply does not exist an example in vaccinology of vaccines that are effective against mild disease that are not more effective in severe disease," Krause said.*

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**NG:**

Have people who took the vaccine died from COVID?

**RFK Jr.:**

Nobody can tell you whether they have or they haven't, since the vaccine has been issued under an emergency use authorization, which is not an approval <sup>(9)</sup>. This is an unapproved drug. By definition, it's a mass population experiment. There was nobody, for example, over 80 in the clinical trial, there's only 20 people over 70 <sup>(10)</sup>. Those are the people who are most likely to die, the big deaths that we're seeing now in the nursing homes all over the world, in Gibraltar or in England, where they've had a 46% increase in nursing home deaths since the vaccine was issued; in Toronto and Montreal and Belgium, Spain, New York; all these places where you're seeing these mass deaths in nursing homes after the vaccination regimen starts. Within a week, you're seeing large, large numbers of deaths <sup>(11)</sup>.

*(9) At the time of this interview, two COVID-19 vaccines had been authorized for emergency use in the U.S. by the FDA. While [emergency authorization](#) is not the same as FDA approval, the vaccines still had to go through rigorous testing, including multiple phases of clinical trials to determine their safety and efficacy, before being reviewed and authorized by regulators.*

*(10) Kennedy is wrong about the number of elderly participants in the Phase 3 clinical trials for Pfizer and Moderna's COVID-19 vaccines. Moderna's Phase 3 trial included 1,300 participants between the ages of 75 and 84, and 90 participants aged 85 or older. The Phase 3 [trial](#) for the Pfizer vaccine included 1,700 participants aged 75 and over.*

*(11) Kennedy's claim that there had been a 46 percent increase in nursing home deaths in England since COVID-19 vaccines began being issued to residents appears to be based on a week-to-week increase in COVID-19 deaths in English care homes [reported](#) by the U.K. Office of National Statistics on Jan. 15, 2021. These COVID-19 deaths were not reported to be linked to vaccinations and no COVID-19 vaccine contains the live COVID-19 virus, thus making it impossible for the vaccines to infect*

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**NG:**

Is the world a safer place or not with these two vaccines?

**RFK Jr.:**

Nobody can tell you that because—

**NG:**

Didn't you just tell us?

**RFK Jr.:**

What did I tell you?

**NG:**

You said one in five people have serious side effects or death, and there's no evidence that it's saving any lives.

**RFK Jr.:**

Yeah, I would say that it's a very, very reactogenic product. Here's the problem. You can't say that those deaths were caused by the vaccine and you can't say they weren't. How are you going to tell? There is no way to tell. The only way to look at vaccine safety is by doing placebo studies <sup>(12)</sup>. You compare a vaccinated group to an unvaccinated group and you look at health outcomes <sup>(13)</sup>. If you die from a vaccine, there is no way of telling you died of that vaccine. There's 400 different ways, the manufacturer's insert says, that a vaccine can kill or injure you <sup>(14)</sup>. None of them leave a fingerprint, so what you're dying of is vascular collapse, you're dying of seizures, you're dying of heart attacks, you're dying of stroke. And there's no fingerprint on your corpse that tells what you die of.

The only way you can tell safety is through a placebo study or a retrospective study that compares health outcomes in vaccinated versus unvaccinated people, and that has not been

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death after COVID-19 vaccination to the U.S. Vaccine Adverse Event Reporting System (VAERS), which acts as an early warning system for any safety problems involving vaccines. The CDC website states that the agency "follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated." To date, VAERS has not found patterns to indicate a safety problem with COVID-19 vaccines.

(14) Manufacturer's inserts on vaccines include data on adverse reactions reported in clinical trials and after vaccines are put on the market, but these reports do not take into account whether the vaccine caused those side effects, according to an April 2019 [article](#) from FullFact.org. The FDA's own [guidance](#) on the adverse reactions section of packaging inserts includes the following disclaimer: "Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure."

(15) Kennedy was also wrong about the lack of retrospective studies comparing the health outcomes of vaccinated and unvaccinated children. For example, an April 2019 [study](#) published in the Annals of Internal Medicine examined autism rates among 657,000 Danish children and found no difference in the prevalence of autism comparing children who had received the measles, mumps, and rubella vaccine and those who had not been vaccinated. Another [study](#), published in February 2011 in the German journal Deutsches Ärzteblatt International, compared vaccinated and unvaccinated children (13,000 total) and found no difference in the prevalence of allergies between the two groups.

## NG:

Given your view, would you advise your own mother to get the vaccine?

## RFK Jr.:

The Pfizer or the Moderna vaccine? No, absolutely not.

## NG:

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Waterkeeper Alliance. We have 350 waterkeepers all over the world, and they sue polluters. In 2005, I was running 40 cases against coal burning power plants and cement kilns because of mercury discharges, keeping those from getting into fish. I was going across Canada and the United States, and I was talking a lot about mercury. Wherever I went these groups of women would come and sit in the audience, and after I spoke, they'd come up and talk to me. They were, as I discovered, the mothers of intellectually disabled children. They were well-presented, they were doctors, they were pharmacists, they were scientists, lawyers. All of them had a child who was brain damaged, and all of them believed that the vaccines had injured their child. They would say to me in a very respectful but vaguely scolding way, "If you're genuinely interested in mercury exposures to children, you need to look at vaccines." It's not something I wanted to do.

I was involved in issues with intellectual disabilities my whole life. My aunt founded Special Olympics at Camp Shriver, and I was working there almost every weekend in autumn and spring from when I was seven or eight years old. I worked at the [Wassaic Home for the Retarded](#) in upstate New York when I was in high school. I had been involved in Special Olympics, with Best Buddies. It was deep in our DNA. [My uncle](#) was head of the Health Committee for 50 years and made this one of his priorities <sup>(16)</sup>.

*(16) It is impossible to verify the exact number of lawsuits Kennedy has worked on throughout his career, but news reports and court filings from his decades working in environmental law confirm that he was known for frequently filing such suits. His claims about his family's work helping people with disabilities are well-documented.*

I didn't want to do that with my life. I wanted to work on rivers and energy. And one of these women came to my home in Hyannis Port in the summer of 2005. She was a psychologist, a Minnesotan named Sarah Bridges <sup>(17)</sup>. She had a child who had gotten autism from a vaccine and had gotten a \$20 million award from the vaccine court for his autism. His name is Porter Bridges, and she brought me a big pile, probably 18 inches thick, of scientific studies. She put them on my front porch and she said, "I'm not gonna leave here until you read these."

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*Bridges confirmed that the amount was \$20 million, with \$800,000 to compensate Porter for a lifetime of lost wages and the rest for round-the-clock care for her son.*

*Bridges documented Porter's story in a book and a 2003 [Washington Post Magazine article](#), in which she claimed that "The government received our petition and immediately conceded. A vaccine injury had caused permanent brain damage." She said the process took eight years from the time Porter received the pertussis vaccine in 1995. NewsGuard did not receive a response to an email inquiry and a voicemail left with the federal Health Resources and Services Administration, which administers the VICP, regarding Porter Bridges' settlement.*

*The VICP states that its settlements do not count as an admission that a vaccine caused a particular injury. "Conclusions regarding vaccine safety should not be drawn from the fact that cases were settled. Settlements are one way of quickly resolving a petition," [the program's website notes](#). "Settlements are not an admission by the United States or the Secretary of Health and Human Services that the vaccine caused the petitioner's alleged injuries."*

*In her conversation with NewsGuard, Bridges acknowledged the government's position: "They don't typically come out and say, wow, your son was brain damaged by x, y, and z," she noted. Still, she added, "We were told at the time that it was a clear case that met a table injury," referring to [the VICP's chart](#) that lays out the qualifications for who is eligible to receive compensation.*

*"Maybe because of being trained in science, I am not a black-and-white person; vaccines are good, vaccines are bad," she said. Regarding the COVID-19 vaccine, "I feel concerned about how fast this has gone through. That said, I honor anybody who wants to get it," Bridges told NewsGuard. Her family will not: "We have medical exceptions," she said.*

*Whereas Kennedy suspects a conspiracy among vaccine regulators at the FDA and other federal agencies, Bridges does not: "I have no doubt there are people doing their jobs who are very solid," she said.*

I'm very accustomed to reading science. I've brought over 500 successful lawsuits, almost all

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(19) *Anthony Fauci is the director of the National Institute of Allergy and Infectious Diseases. Francis Collins is the director of the National Institutes of Health. Paul Offit is the director of the Vaccine Education Center at the Children's Hospital of Philadelphia and the co-inventor of the rotavirus vaccine.*

(20) *Kennedy did not provide any evidence to back his claim that vaccine specialists and regulators were "nonconversant with actual peer-reviewed science." Evidence suggests the opposite: According to Fauci's official biography, "in a 2020 analysis of Google Scholar citations, Dr. Fauci ranked as the 32nd most-cited living researcher."*

## NG:

Where would you put Fauci among the two possibilities?

## RFK Jr.:

I think Fauci has a very unique role. He has really driven the pharmaceutical paradigm and obliterated the science and democracy when it comes to pharmaceuticals. He's turned that agency from an agency that was created to do basic science, to find out where these epidemics of chronic disease are coming from. Since he took over in '84, chronic disease has increased from 12.8% of the US population to 54% <sup>(21)</sup>. He has not been a success. He has been an abject failure. He's taken that agency away from doing science and from looking at, Why did autism go from one to 10,000 in my generation to one in every 34 people today? Why did food allergies go from one in 1200 to one in 12? Why did asthma and autoimmune diseases and arthritis all explode in our generation, or in our kids generation <sup>(22)</sup>? He doesn't look for any of those <sup>(23)</sup>. He doesn't allow that science to be done.

He turned that agency into an incubator for pharmaceutical products. That's all they do. He's got \$6 billion of his own and \$1.6 billion that he gets from the Pentagon through DARPA <sup>(24)</sup>, and all he does is develop new drugs and gets us addicted to them. Now, under his watch, we take more drugs than anybody in the world <sup>(25)</sup>, we paid the highest prices for them, and we have the worst health outcomes, and that is all Tony Fauci.

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(22) Kennedy is correct that rates of [autism](#), [arthritis](#), and [food allergies](#) have risen in recent decades, and there is some evidence from a NIH-funded [study](#) published in 2020 that autoimmune disease may also have increased in prevalence. Asthma prevalence has been relatively flat, however, with a CDC [study](#) reporting that 8.3 percent of children had asthma in 2016, down slightly from 8.7 percent in 2001.

(23) Contrary to Kennedy's claim that Fauci "does not look for any" of those conditions, NIAID has funded research related to [autoimmune disease](#), [arthritis](#), [asthma](#), and [food allergies](#). Autism research is supported through other NIH agencies, such as the National Institute for Mental Health.

(24) Kennedy was correct that NIAID received \$6 billion [appropriation](#) from Congress for fiscal year 2021. However, it does not receive \$1.6 billion from the U.S. Department of Defense's Defense Advanced Research Projects Agency (DARPA), as DARPA spokesperson Jared Adams told NewsGuard in an email that Kennedy's figure was "wildly inaccurate."

"The agency's total annual budget is \$3.5 billion, and biosecurity/biotechnology is just one of six research areas we allocate dollars toward," Adams said. "That would mean, roughly, 47 percent of our budget is going to NIAID, which is preposterous." Asked exactly what level of funding DARPA has provided to Fauci's agency, Adams told NewsGuard, "From FY2012 to present day, the only award or grant DARPA has issued to NIAID was in FY20 for \$290,000."

(25) It is true that the U.S. pays the most per capita on prescription drugs and has worse health outcomes than other high-income nations, according to a January 2020 [report](#) from the Commonwealth Fund.

However, a separate 2016 [report](#) from the Commonwealth Fund found that utilization of prescription drugs in the U.S. "is not an outlier" among high-income countries. A 2014 [report](#) from the Association of the British Pharmaceutical Industry that compared prescription drug use in Europe, U.S., Canada, New Zealand, and Australia, ranked the U.S. behind France and Spain in drug utilization.

## NG:

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too. His agency owns over 2,000 patents <sup>(29)</sup>. He owns half the patent for the Moderna vaccine and will get royalties on it <sup>(30)</sup>.

(26) *There is no evidence that Fauci is personally funding any principal investigators who are conducting vaccine trials on his behalf. The NIH [says](#) on its website that "approximately 1,200 Principal Investigators conduct biomedical or behavioral research" within the institute's Intramural Research Program, and NIAID [states](#) on its website that through its Division of Intramural Research, "120 principal investigators lead research groups composed of staff scientists, physicians, fellows, technical personnel, and students."*

(27) *PIs do not hold the "most lucrative job in medicine," [according to](#) the U.S. News & World Report, which named anesthesiologists the number-one earners in health care in 2021 with an average salary of \$208,000 per year. Employment website [ZipRecruiter](#) estimates that PIs earn \$133,000 per year.*

(28) *There is also no evidence that Fauci is paying PIs \$15,000 per patient to conduct vaccine trials, or that hospitals and universities supporting vaccine trials "skim off 75%." NIAID [reports](#) that "each year, NIH sets a maximum for PI salaries, though your institution can use its own money to pay beyond NIH's limit." In 2021, that limit is \$199,300.*

(29) *NIAID does not report how many individual patents it holds, although NIH [states](#) on its website that "as agencies of U.S. Government, NIH owns the rights to any patent to a discovery made by any NIH employee or personnel working at a NIH facility, or from a discovery that involves the use of a NIH facility or use of government equipment." Fauci himself holds six patents, [according to](#) NIAID, but that does not include "half the patent for the Moderna vaccine."*

(30) *NIH [told Axios](#) in June 2020 that it was seeking patents related to the vaccine because its scientists created the "stabilized coronavirus spike proteins for the development of vaccines against coronaviruses, including SARS-CoV-2," but that means that the agency would have a stake in the Moderna vaccine, not Fauci personally. A PolitiFact [article](#) from April 2020 stated that "there is no publicly available evidence that Fauci personally stands to profit from vaccine."*

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*be owned by the U.S government, not the individual inventors. Fauci is not named among the inventors on the patent applications. NIAID spokesperson Jennifer Routh told NewsGuard in a February 2021 email, "NIAID is seeking patent protection to preserve the US Government's rights in this invention and to provide incentive for commercial partners to invest the capital and resources needed to advance the invention's development, commercialization, and public use as vaccines."*

*(32) Kennedy was correct that NIAID scientists listed as inventors on these patents would profit from them financially. The [Federal Technology Act of 1986](#) requires that government agencies that license inventions in exchange for royalties give some of that money to the inventors, with the rest going to the agency.*

*As Routh explained to NewsGuard, under NIH licensing agreements, "the first \$2000 of royalties received under a license go to the inventor, and then at least 15 percent thereafter per year are shared with the inventors as a group under that license. Inventors are capped at \$150,000 per year per person from all licenses. Very few NIH inventors receive that amount."*

**NG:**

Could you point us to the paperwork for that?

**RFK Jr.:**

Yeah, go to ICAN's website, they did the lawsuit and they found out. They got all the paperwork on him....

The principal investigators are the most powerful people in medicine. They're all getting money from Fauci <sup>(33)</sup>. The FDA does not decide which vaccines to license and the CDC does not decide which vaccines to mandate <sup>(34)</sup>. There are committees within those agencies. They are made up of independent scientists on the outside of the agency. Well, guess who all those independent scientists are? They are Tony Fauci's PIs. He controls those agencies. He controls all the medical products that get approved, and he controls the vaccines that get mandated.

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He is an absolute dictator in that agency. He is J. Edgar Hoover of HHS. Bush offered to promote him to head of HHS and he said "No way." Because he would lose his power <sup>(35)</sup>. His power comes from all those licensing deals that he's getting. And he's able to control what the other agencies do because of that. His first drug was AZT. That was just killing people. It wasn't helping anybody. Peter Duesberg says that it killed more people than AIDS did <sup>(36)</sup>. What he's been doing since he got in there is figuring out how to cheat, how to rig clinical trials to get drugs approved. And then his agency collects the royalties on it.

*(35) There is no evidence that President Bush considered nominating Fauci to lead the Department of Health and Human Services. Kennedy may have been referring to a [February 2002 Kaiser Health News report](#) that found that President George W. Bush considered promoting Fauci to be director of the National Institutes of Health, the body that oversees his agency, NIAID. However, the reasons Bush didn't fill the position are more complicated than Kennedy states. The Bush administration expressed concerns over "administrative and political issues, including Fauci's unknown stance on abortion rights," the Kaiser report concluded. According to a September 1989 [Washington Post](#) report, Fauci had previously withdrawn from consideration for the same post during the presidency of George H.W. Bush. The Post reported that he made the decision because the position "would divert him from science and overseeing research on new AIDS treatments and vaccines."*

*(36) Kennedy names Peter Duesberg, [a prominent AIDS denier](#) who has argued the [false hypothesis that HIV does not cause AIDS](#). He has instead argued that drugs, such as AZT, cause the condition, [despite a lack of evidence](#). AZT became the [first FDA-approved treatment](#) for AIDS in 1987. The drug was controversial for the significant side effects from high doses, like anemia, and because it involved only one human trial. However, evidence showed the drug [offered some help for patients](#), even if it was not a miracle treatment. Kennedy's claim that the drug "was just killing people," oversimplifies complex medical history.*

He's channeled us all into this funnel, that the only way to get out of masks and lockdowns is through the vaccine path.

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that the system collects fewer than 1% of vaccine injuries <sup>(38)</sup>. So, how can you ever tell when the vaccine is dangerous or not? Nobody's gonna know.

*(37) Because preliminary studies of COVID-19 vaccines were not designed to measure the vaccines' efficacy in preventing transmission of the virus, it is unknown whether or not any vaccines approved for use against COVID-19 prevent recipients from transmitting the virus to others. Early reports from researchers behind the [Oxford/AstraZeneca](#) and [Pfizer/BioNTech](#) vaccines suggest that the vaccines may reduce disease transmission, but that evidence is by no means conclusive. No vaccine manufacturers have claimed that their vaccines do or do not prevent transmission of COVID-19.*

*(38) The U.S. Department of Health and Human Services tracks vaccine injury claims through its Vaccine Adverse Event Reporting System, or [VAERS](#). HHS does not state anywhere on its website that VAERS "collects fewer than 1% of vaccine injuries." However, [ChildrensHealthDefense.org](#) has repeatedly attributed the statistic to a 2010 [study](#) from Harvard Pilgrim Health Care, a New England-based health insurance company. The study's preliminary data suggested that reactions to vaccines were not commonly reported to the FDA, but the authors did not complete the study to determine how often adverse events were actually reported to VAERS.*

*HHS [states](#) on the VAERS website that one of the system's main limitations is underreporting, noting that "VAERS receives reports for only a small fraction of actual adverse events." Further, VAERS is not designed to determine if a vaccine actually caused a reported event, as the system "accepts all reports of adverse health events following vaccinations without judging whether the vaccine caused the adverse health event."*

What [Fauci's] done is he's committed \$48 billion to the vaccine enterprise <sup>(39)</sup>, and he's permitted \$1.48 billion to antivirals <sup>(40)</sup>, and almost all of that has gone into his drug remdesivir, which does not work <sup>(41)</sup>. It doesn't reduce hospital stays, and it certainly doesn't reduce deaths. Now, the medications that do appear to work, from the science, things like ivermectin <sup>(42)</sup>, hydracorticosteroids <sup>(43)</sup>, hydroxychloroquine, and many, many, many others,

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*superior to a placebo in reducing time to recovery in hospitalized COVID-19 patients.*

(41) In October 2020, remdesivir was [approved](#) by the FDA to treat hospitalized COVID-19 patients. However, studies conducted since have yielded mixed results. While the 1,000-patient NIAID trial suggested that remdesivir might shorten recovery time for COVID-19 patients, the [Solidarity Trial](#), which enrolled nearly 12,000 patients across 30 countries, found no survival benefit with remdesivir. The World Health Organization "[recommends](#) against the use of remdesivir in COVID-19 patients" for this reason, while the National Institutes of Health's COVID-19 Treatment Guidelines Panel [recommends](#) remdesivir for COVID-19 patients who are hospitalized and require supplemental oxygen, based on ACTT results.

(42) Ivermectin, an antiparasitic medicine, has been studied in the context of COVID-19, but the NIH's COVID-19 Treatment Guidelines Panel [states](#) that "currently there are insufficient data to recommend either for or against the use of ivermectin for the treatment of COVID-19." Merck, the manufacturer of ivermectin, stated in a February 2021 [release](#) that there was "no meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease," citing "a concerning lack of safety data in the majority of studies."

(43) Some research suggests that steroids may be useful in treating COVID-19 patients. The [RECOVERY Trial](#), for example, found that the steroid dexamethasone lowered mortality in hospitalized COVID-19 patients with severe respiratory complications. The [NIH](#), [WHO](#), and [U.K. National Health Service](#) now recommend dexamethasone for use in these patients, but not in patients with non-severe COVID-19.

**NG:**

You think hydroxychloroquine works?

**RFK Jr.:**

I read the science, and the science indicates that it does <sup>(44)</sup>. Fauci drummed up studies where they deliberately gave elderly people five times the lethal dose of hydroxychloroquine

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*the use of hydroxychloroquine in its Solidarity Trial after the drug showed no survival benefit for COVID-19 patients. The NIH's COVID-19 Treatment Guidelines Panel [recommends against](#) the use of hydroxychloroquine in both hospitalized and nonhospitalized patients.*

*(45) The [NEJM study](#) referenced by Kennedy was published in June 2020 and did not include or discuss hydroxychloroquine, but rather the effects of pre-existing heart disease on COVID-19 patients. The [Journal of the American Medical Association \(JAMA\) study](#), published in April 2020, dealt with chloroquine — an antimalarial medication that is related to hydroxychloroquine but is not the same drug.*

*(46) The [Lancet study](#), from May 2020, did analyze hydroxychloroquine. The study reported an average patient age of 54 years and an average hydroxychloroquine dose of 596 milligrams, which is within safe limits, according to Mayo Clinic. The clinic [says](#) on its website that standard doses of hydroxychloroquine for other conditions range from 200 to 600 milligrams.*

*(47) The NEJM and Lancet studies were both retracted in June 2020 after the data the studies relied on — compiled by an analytics company known as Surgisphere — was found to be questionable. The authors of the NEJM paper said in a retraction [statement](#) that "all the authors were not granted access to the raw data" provided by Surgisphere, and the authors of the Lancet paper [reported](#) that "our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis ... As such, our reviewers were not able to conduct an independent and private peer review."*

*(48) The JAMA study was not retracted, as Kennedy claimed, though it was conducted in Brazil. There is no evidence that the study's authors "are being prosecuted for murder."*

You will see probably 100 studies on hydroxychloroquine that show that if you give hydroxychloroquine during the first six days after exposure, before the cytokine storm, with azithromycin and with zinc — you have to give all three of them at the same time — that it

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*Trial, which randomized more than 2,500 COVID-19 patients to treatment with azithromycin, found no benefit with the antibiotic. In a December 2020 statement, RECOVERY investigators [reported](#) that their data "convincingly rule out any meaningful clinical benefit of azithromycin in the hospitalised COVID-19 patients we studied."*

*(50) Peter Doshi, an associate editor at The BMJ, published an October 2020 [article](#) in the journal criticizing the designs of COVID-19 trials, writing, "none of the trials currently underway are designed to detect a reduction in any serious outcome such as hospitalisations, intensive care use, or deaths." He also said that most trials were too small-scale to "demonstrate statistically significant differences" in COVID-19 hospitalizations and deaths, since the majority of cases of COVID-19 are mild.*

*However, trials for the Pfizer and Moderna vaccines did include severe COVID-19 as a secondary endpoint, including in that category ICU admissions and deaths from the virus. Published data showed that between the two trials, one severe case of COVID-19 was reported among those who received vaccines, compared to 39 cases among those in placebo groups. Additionally, FDA [guidance](#) on granting emergency use authorizations for COVID-19 vaccines specifies that EUA requests should include data on "cases of severe COVID-19 disease among study subjects" across all phases of the vaccine trials.*

## NG:

After Hank Aaron died, you said there was some vaccine connection there, which has not been proven. His medical center and his family have said the vaccine played no role in his death. Do you think that was a responsible comment to make?

## RFK Jr.:

What I said was absolutely accurate, which was that his death was part of a wave of deaths among seniors that we're watching after the RNA vaccine <sup>(51)</sup>. I never said that he was injured by the vaccine, but what I saw was this huge barrage of press condemn me for making that association. The New York Times and everybody else quoted the Fulton County Coroner's office as saying that Hank Aaron's death had nothing to do with the vaccine. So. I

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*Among those people were Hank Aaron and a number of seniors in Norway and Gibraltar.*

*According to Politifact, "there is no evidence that the vaccines caused any of the deaths. Aaron's death was ruled natural, and authorities in Gibraltar and Norway said none of the deaths of elderly people they investigated were caused by the vaccines."*

*(52) Kennedy claims that "a lot of people" die in the days following a vaccine. It is true that some people will die after receiving a vaccine, but, [according to](#) Boston Children's Hospital epidemiologist Dr. John Brownstein, who spoke to ABC News in February 2021, "we have to be very careful about causality ... Just because these events happen in proximity to the vaccine does not mean the vaccine caused these events." Brownstein further noted that "these vaccines have had incredible safety profiles in the trials and post-authorization. So far, there has been nothing to confirm these awful events."*

*(53) Regarding Aaron's death, The New York Times did [report](#) in January 2021 that "the Fulton County medical examiner has also said there was nothing to suggest that Mr. Aaron had an allergic or anaphylactic reaction related to the vaccine." Dr. Karen Sullivan, the Fulton County medical examiner, told NewsGuard in an emailed statement that a senior investigator from her office had examined Aaron's body after he died at home on Jan. 22, 2021, contradicting Kennedy's claim that the office never saw his body.*

*"The FCME Senior Investigator discussed with family members the events prior to Mr. Aaron's death including his activities and the presence or absence of medical complaints," Sullivan said. "There was no information suggestive of an allergic or anaphylactic reaction to any substance which might be attributable to recent vaccine distribution. In addition, examination of Mr. Aaron's body did not suggest his death was due to any event other than that associated with his medical history. Based on the information provided by Mr. Aaron's family and physical examination of his body, it is my medical opinion that Mr. Aaron's death was not related to his recent vaccination for COVID-19."*

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